PESE SWALLARIES OF PY														
										Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECOR										an an ENAN				
Effective October 1, 2000 09 8950 77														
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL E	NTITY	OR	OTHER		
TOTAL CLAIMS				C		10000			RATE	FEE	1	RATE	FEE	
FOR				NUMBER FILED		NUMBER EXTRA		Ì	BASIC FEE		OR	BASIC FEE	710.00	
TOTAL CHARGEABLE CLAIMS				56 minus 20=		• 36			X\$ 9=		OR	X\$18=	648	
INDEPENDENT CLAIMS				2 6 minus 3 =		2.3			X40=	<del>                                     </del>	ОЯ	X80=	1.840	
MULTIPLE DEPENDENT CLAIM P				RESENT					+135=			+270=	73340T	
* If the difference in column 1 is less than zero, enter "0" in column 2								- ;	TOTAL		OR	TOTAL	3198	
CLAIMS AS AMENDED - PART II OTHER THAN														
(Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY														
AMENDMENT A		REMAINI AFTER AMENDMI	NG 1	,	HIGH NUM PREVI PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
OME	Total	. 50	P	Minus	5	Ce	-	7	_X\$ 9≖	PEE	OR	X\$18=	_ FGE	
ME	Independent	· 1/2	2	Minus	6	2(e	-		X40=	-	OR	X80=		
	FIRST PRESE	NTATION C	OF MI	JLTIPLE DE	PENDENT	CLAIM					07			
. 1 . 1									+135=		OR	+270=		
2/16/14									TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE		
	Tulalit.	(Column		<del></del>	(Colu		(Column 3)							
AMENDMENT B	<i>/· /</i>	CLAIMS REMAINING AFTER AMENDMENT			HIGH NUM PREVIO PAID	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		PLATE	ADDI- TIONAL FEE	
	Total	$\cdot$ $\cdot$ $\cdot$		Minus	<i>t</i>	56	=		X\$ 9=		OR	X\$18=		
	Independent	•		Minus	/	20			X40=		OR	X80=		
	FIRST PRESE	NIATION C	A- ML	KIIPLE DE	ENDEN	CLAIM			+135≃			+270≈		
1-5-05									TOTAL		OR	TOTAL		
1	-3		ADDIT. FEE		OR	ADDIT, FEE								
(Column 1) (Column 2) (Column 3)														
AMENDMENT C		REMAINING AFTER AMENDMENT		:	NUM PREVK PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
N N	Total	• 44		Minus	•• 5	76	= 0		X\$ 9=		OR	X\$18=	0	
AME	Independent	· 24		Minus		16	= 0		X40=		OR	X80≈		
	FIRST PRESE	NTATION C	JF ML	LTIPLE DEI	ENDEN	CLAIM		i þ	.425					
* If the entry in column 1 is less than the entry in column 2, write 'V' in column 3.														
** 1	f the "Highest Nur If the "Highest Nu	mber Previou	sly Pa	id For IN THE	S SPACE I	s less than	20, enter "20.	• •	TOTAL DOIT, FEE		OR	TOTAL ADDIT, PEE		
•	The "Highest Num	ber Previous	ly Pai	For (Total o	Independ	ent) is the	highest numbe	r fou	nd in the app	ropriate box	in col	umn 1.	. [	